

MANDATORY REPORTING FORM

To make a mandatory report, please complete this form and mail, fax or email it to the Manitoba College of Social Workers (MCSW/the College). If you would like to consult with someone about the conduct of a Social Worker registered with the College or about the reporting process before submitting a report, please contact the College at 204-888-9477 or admin@mcsw.ca.

Mandatory Employer report of:

- Termination for reasons of professional misconduct, incompetence or incapacity.

Mandatory RSW report of:

- Another RSW suffering from a physical or mental condition or disorder of a nature or to an extent that the RSW is unfit to continue to practice; or the RSW's practice should be restricted.

PERSON FILING THE REPORT:

First Name: _____ Last Name: _____

Title/Role: _____

Agency Name: _____

Agency Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Primary Telephone: _____ Secondary Telephone: _____

Email address: _____

Correspondence from the College will be sent to you by regular, electronic and/or, in some cases, registered mail at the address you have provided.

Employment Setting:

- Child and Family Services Education
 Health Social Service/Community Agency
 Justice Self-Employed/Private Practice

Other, specify: _____

CONTACT PERSON (if different from person filing the report):

First Name: _____ Last Name: _____

Title/Role: _____

Agency Name: _____

Agency Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Primary Telephone: _____ Secondary Telephone: _____

Email address: _____

SOCIAL WORKER YOU ARE REPORTING ABOUT:

Social Worker's Name: _____

Registration Number: _____

Title/Role: _____

Date of Hire: _____ Date of Termination: _____

Employment Status: Full-Time Part-Time Casual/Contract

Agency Name: _____

Agency Address: _____

City: _____ Province/Territory: _____ Postal Code: _____

Primary Telephone: _____ Secondary Telephone: _____

Email address: _____

If filing report about more than one Social Worker, please use a separate form for each individual.

MANDATORY REPORTING FORM – Incident Reports

If you are reporting more than one incident/concern, click here for additional forms.

DETAILS OF THE REPORT:

Describe the conduct or actions of the RSW that prompted this report. Please ensure you provide sufficient details to support a thorough investigation.

Incident/Concern

When did the incident occur? Date: _____ Time: _____

Where did the incident occur?

Describe the incident/conduct of concern. Attach a separate sheet if necessary.

Please provide the names and contact information of individuals with information regarding this incident such as colleagues, superiors and/or clients. Do not disclose client names unless you have their consent to do so.

I. _____

II. _____

III. _____

Employer action:

RSW's response:

Consequences to the client, employer and/or others?

Did the employer complete an internal investigation of this incident? Yes No

What was the outcome?

Please include copies of any internal investigation/audit relevant to this issue.

Additional comments:

PRIOR HISTORY:

Please indicate whether there have been previous concerns about the RSW’s conduct. Provide details regarding the concerns and any employer/RSW action taken to address same.

SUPPORTING DOCUMENTS ATTACHED:

Document 1: _____
Document 2: _____
Document 3: _____

ACKNOWLEDGMENT AND SIGNATURE:

I have read the Mandatory Reporting Guide, provided all relevant information required in the Mandatory Reporting Form and have included all relevant supporting documents in my submission.

I understand that in addition to the College Committees identified in the Mandatory Reporting Guide, the MCSW Board of Directors, MCSW staff, and practicum students may have access to information regarding this report while performing the duties of their positions. All MCSW representatives are required to maintain confidentiality of information in accordance with Section 71 of the SWPA.

I understand that as part of the reporting process MCSW may obtain information, including records and clinical notes, contained in the records of the RSW who is the subject of the report as part of the investigation and any or all of the information contained in this report or obtained as part of the investigation may be shared with the RSW who is subject of the report. Including the name of the person who reported.

The information on this form is collected under the authority of *The Social Work Profession Act*. The information provided will be used to process my report

I understand that if this report is referred to the Inquiry Committee, personal information and other information collected during the investigation must be disclosed to the member and may be considered during a hearing of the Inquiry Committee, which is a public forum.

Date _____ Signature _____
(Original signature is required)

Please mail, fax or email the signed Mandatory Reporting Form and any related material to:

Manitoba College of Social Workers, 101 – 2033 Portage Avenue, Winnipeg, MB R3J 0K6
Phone: (204) 888-9477 Toll Free: 1-844-885-6279 Fax: (204) 831-6359 Email: admin@mcsw.ca
Website: www.mcsw.ca